

Please type a plus sign (+) inside this box ☐

<b>UTILITY</b>  <b>PATENT APPLICATION</b>  <b>TRANSMITTAL</b>		Attorney Docket No. <b>END 881NP</b> First Inventor: Randall S. Hickie et al. Title: <b>System and Method for Monitoring Gas Supply and Delivering Gas to a Patient</b> I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Commissioner for Patents, MS Patent Application, PO Box 1450, Alexandria, VA 22313 Name: <u>Linda F. Hansen</u> Date: <u>9-11-03</u> Express Mail Label No. <b>EU 472 450 739 US</b>
(only for new nonprovisional applications under 37 CFR 1.53(b)) <b>APPLICATION ELEMENTS</b> See MPEP Chapter 600 concerning utility patent application contents.		<b>ADDRESSED TO:</b> Commissioner For Patents MS Patent Application PO Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 23] (Preferred arrangement set forth below) - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 5] 5. <input checked="" type="checkbox"/> Oath or Declaration [Unexecuted 4 Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies <b>ACCOMPANYING APPLICATION PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Application Cover Sheet w/Express Mail Certification
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: _____, filed _____. Prior application information: Examiner _____ Group Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
<b>19. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>000027777</b> or <input checked="" type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson, One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA		
<b>20. TELEPHONE CONTACT:</b> Verne E. Kreger, Jr. Please direct all telephone calls or faxes to: Telephone: (513) 337-3295 Fax: (513) 337-8489		
<b>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>		
NAME	Verne E. Kreger, Jr. Reg. No. <b>35,231</b>	
SIGNATURE	<u>Verne E. Kreger Jr.</u> Date: September 11, 2003	

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<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	September 11, 2003
	First Named Inventor	Randall S. Hickie et al.
	Group Art Unit	Not assigned
	Examiner Name	Not assigned
	Attorney Docket Number	END 881NP

### FEE CALCULATION

#### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE
				\$ 750.00
TOTAL CLAIMS	30 - 20 =	10	x 18.00	\$ 180.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0 - =	N/A	X 280.00	
			TOTAL FEES	\$930.00

### METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750END 881NP/VEK in the amount of \$930.00.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END 881NP/VEK .

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Verne E. Kreger, Jr.	<b>Reg. No. 35,231</b>
Signature	<i>Verne E. Kreger Jr.</i>	<b>Deposit Account No. 10-0750</b>
	Date: September //, 2003	